

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90334 032 ***150.00

DOCUMENT # 387236					
1. Entity Name PHILJOHN, INC.					
Principal Place of Business 60 W ROBINSON STREET P.O. BOX 3753 ORLANDO, FL 32802-3753			Mailing Address 60 W ROBINSON STREET P.O. BOX 3753 ORLANDO, FL 32802-3753		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HINSON, J.A. 60 W ROBINSON ORLANDO, FL 32801				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC HINSON, J.A. 60 W ROBINSON ST ORLANDO, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BURNETT, H. L. 60 W. ROBINSON ST. ORLANDO, FL	☐ Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  J.A. HINSON, PRESIDENT					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4/27/06 Daytime Phone # 407-423-7819					

4006430



04212006 Chg-P CR2E034 (11/05)

4. FEI Number **59-2496544** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

FL

Zip Code

☒ Addition

DIRECTOR

DON AMMERMAN

60 W ROBINSON ST, ORLANDO, FL

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition